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Statement of Rep. Christopher Shays July 19, 2005

Air Force Major Michael W. Donnelly died on June 30th. His testimony before this Subcommittee eight years ago helped persuade a skeptical Pentagon and Department of Veterans Affairs (VA) that wartime exposures caused or amplified subsequent illnesses. His decade-long struggle against the ravaging effects of Amyotrophic Lateral Sclerosis (ALS) gave heroic witness to the reality of toxic casualties. Our work on deployment health will continue to be guided by his indomitable spirit.

After the 1991 war in the Persian Gulf, veterans suffering a variety of unfamiliar syndromes faced daunting official resistance to evidence linking multiple, low-level toxic exposures to subsequent, chronic ill-health. Limited environmental sampling, poor troop location data and glaringly incomplete medical recordkeeping all blocked efforts to reach epidemiological or clinical conclusions about wartime exposures.

Since then, the Department of Defense (DOD) has become much more attuned to the environmental and occupational risks of the deployment workplace. Lessons learned in the first Gulf War are being applied to minimize preventable exposures and illnesses. Air, soil and water testing is more prevalent. Baseline, routine and incident-driven surveillance reports are being directed to a central repository. Some information on possible environmental exposures is finding its way into individual medical records.

But, as we will hear this morning, these promising efforts do not yet comprise the robust, consistent and sustained deployment health program our forces need and deserve. Gathering more data on environmental and occupational risks is only the first, and perhaps the easiest, step. It will be of limited value to past, current and future service members unless DOD and VA can standardize, analyze and use exposure data to better inform research agendas and compensation decisions.

At the Subcommittee's request, the Government Accountability Office (GAO) examined implementation of DOD policies on environmental and occupational health surveillance. In a new study released today, GAO reports inconsistencies between the military services in data collection methods. They found variable levels of training and expertise among those responsible for environmental monitoring. While some reports are flowing to a central collection point, the data integrator – the Army's Center for Health Promotion and Preventive Medicine – does not know how many reports to expect or how many might be late or missing at any given time. Troop location data needed to link individuals to identified risks is still unreliable or unavailable. Information on specific sites is often classified, putting critical data beyond the reach of most clinicians and researchers.

These findings frame our discussion of current deployment health surveillance activities, and we appreciate the work of the GAO team on these important issues. We also value the time, expertise and dedication of our witnesses from the Departments of Defense and Veterans Affairs. But we believe, and they agree, the first voices we need to hear today belong to veterans; those who lived, worked and faced the risks of toxic harm in Afghanistan and Iraq.

In this room in 1997, Major Donnelly described the pain and frustration caused by official inability, or unwillingness, to connect his rare illness with his military service. A once robust fighter pilot sat before us in a wheelchair, his body wracked by the effects of the disease. But when asked if he would go to war again knowing what would befall him, Michael Donnelly did not hesitate one second before saying, "Yes." May that same unyielding spirit animate all our efforts to protect the health of those who serve.